



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Vivitrol® (naltrexone extended release)
[Prior Authorization Request Form](#)**

Prior authorization requests for Vivitrol will be approved if the following criteria are met:

- 1) Prescribed for the treatment of alcohol dependence for patients who are able to abstain from alcohol in an outpatient setting prior to treatment; **OR**
- 2) Prescribed for prevention of relapse to opioid dependence following opioid detoxification
AND EACH of the following
- 3) The patient is not in acute opiate withdrawal and has been opioid-free for a minimum of seven (7) days at the time of administration (for treatment of alcohol dependence or prevention of relapse to opioid dependence); **AND**
- 4) Diagnosis code is provided; **AND**
- 5) The patient is eighteen (18) years of age or older; **AND**
- 6) The patient does not have acute hepatitis or liver failure; **AND**
- 7) The patient has not previously exhibited hypersensitivity to naltrexone, PLG, carboxymethylcellulose or any other components of the diluents.

Prescriber Requirements:

- 1) The prior authorization request must be made in writing on the designated form by fax or electronic submission.
- 2) The prescriber must be enrolled by West Virginia Medicaid, a WV Medicaid MCO or employed by a facility that is enrolled with WV Medicaid.
- 3) The prescriber must certify that he/she is treating the patient and billing WV Medicaid for the service.
- 4) The prescriber must attest the board of Pharmacy Prescription Drug Monitoring Program database has been reviewed.
- 5) Prescriber must document the availability of psychological support during treatment for alcohol dependence or prevention of relapse to opioid dependence.

PI Alkermes 10/2010

*Review and Approved
DUR Board 03/02/2011
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